Testimony of the
Commissioner's Office
Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In Support of LD 1887
An Act To Restructure the Department of Health and Human Services
Sponsored by: Senator Earle L. McCormick

Hearing Date: March 21, 2012

Senator McCormick, Representative Strang Burgess and Members of the Joint Standing Committee on Health and Human Services, I am Bonnie Smith, Deputy Commissioner for Programs for the Department of Health and Human Services and I thank you for the opportunity to speak with you this morning in support of LD 1887, An Act to Restructure the Department of Health and Human Services.

You have all received binders with information we believe is most pertinent to this proposal. The binders are divided by Program area and each section contains the testimony of the Office Director, a Fact Sheet that details the specifics of the changes within the Office, and the proposed organizational chart. Also included is my testimony, an illustration of the continuum of care that is the basis of the restructure and a two page summary that highlights the overall changes regarding the numbers of positions eliminated, those created and the financial component of the proposal.

Joining me this morning are the Office Directors, Therese Cahill-Low, Director of the Office of Child and Family Services; Guy Cousins, Director of the Office of Substance Abuse and Acting Director of the Office of Mental Health Services; and Ricker Hamilton, Director of the Office of Elder Services and Acting Director of the Office of Cognitive and Physical Disabilities. Each of them will speak to the details of the proposal as it affects their areas of responsibility.

Eight years ago, the Baldacci Administration came before this Committee and proposed a restructure. Their proposal brought together the Department of Human Services and the Bureau of Developmental Services to create the Department of Health and Human Services. Their proposal and the resultant merger allowed for the integration of roles and functions into a more efficient system with resources aligned with the populations served. This system, though not perfect, has met the needs of thousands of people across the State.

Over the past year, we have had the opportunity as a new Administration to review and assess the Department and what we found is that the populations we serve have changed. Through advances in medicine and increased knowledge of effective therapies, people

who turn to us for assistance often have complex needs that span more than one Program area and require a constellation of services to meet their needs. We now see elders with cognitive impairments and mental health diagnoses. We have people with substance abuse and intellectual disorders and others who fall into every category within the Programs.

With this increased complexity comes the difficulty of determining which Program should be responsible for which person. Given the limited resources in each area, this discussion alone can become complex and result in confusion for the person and their family, a mounting bureaucratic maze for providers, inefficient systems and potentially, a delay in service to the person we are dedicated to serving.

We believe the proposal before you addresses many of the inefficiencies within our system and the resultant negative impact on our consumers.

Many may question whether this is the time to take on a restructuring of this magnitude given the significant issues facing our Department. To that we say, yes. We say that in full recognition of the work necessary within the Office of MaineCare services and Finance, the complexity of computer system issues and the near impossible task of the complex queries that are taxing that system.

We say yes because we believe that just because there are problems in one area, we should not delay improvements we can make in another. We wouldn't ignore improvements we could make in our plumbing simply because our furnace needs repair at the same time.

We say yes because we believe the proposal before you is in the best interest of the people we serve.

In the current structure, the Offices operate within their specific service areas and programs with informal communications among the different areas. Given that not every person in need of services fits neatly into a limited definition, there are individuals with complex needs that are not addressed in a coordinated manner. By building on the work that began 8 years ago, the Department will have the ability to provide services in an integrated fashion, work with individuals as a whole and coordinate services in an efficient, effective way that will lead to improved access to services, elimination of duplicated work and improvement in individual outcomes.

In developing this proposal, the needs of consumers and the services provided within each Program were evaluated and aligned. For consumers of substance abuse services data shows that rarely does substance abuse exist without mental health issues and the services that do exist are similar in that they are designed to assist the consumer through therapy to reach the highest level of independence possible for them.
Similarly, the consumers of services through the Office of Elder Services and the Office of Cognitive and Physical Disabilities are most often in need of assistance with daily living supports over an extended period of time.

After careful and thoughtful evaluation, our recommendation is to merge of the Office of Substance Abuse and the Office of Adult Mental Health Services into the Office of Substance Abuse and Mental Health Services. This not only aligns appropriate services but brings the Maine structure in line with the National Association, SAMHS.

Similarly, we propose to merge the Office of Elder Services and the Office of Cognitive and Physical Disabilities into the Office of Aging and Disability Services, which allows a comprehensive structure that will best meet the needs of these populations.

By merging Offices that provide similar services, the Department has the opportunity to develop consistencies across the state that will make the system easier to navigate for consumers and providers. This model also allows for consolidation of contracts, as many providers have multiple contracts for their services. The result for our providers will be a decrease in the administrative burden of managing multiple contracts, allowing more resources to be focused on the consumer.

While it may appear that the Office of Child and Family Services is not in need of integration, much of the work of this Office remains in silos with little or no integration of the Divisions within the Office. This restructure allows for integration of the work across Divisions, which will result in more effective and efficient utilization of resources to better meet the needs of the children and families served.

The proposal has its basis in a continuum of care that provides the foundation on which the Services will be constructed to be certain they address individual and family needs over the lifespan. The stages along the continuum are Prevention, Intervention, Treatment and Recovery, with the focus on where the consumer is at a given point in time and what services are necessary to assist and support the consumer's path to recovery. We recognize that recovery, and the steps toward it are as individual as each person served. Through the utilization of the continuum, consumers will move with fluidity through the stages in an efficient manner with established processes of communication between all areas of need.

This continuum of services will be supported by Data, Research, Quality Management, Education and Training, and Resource Development Teams. The Service teams will work in conjunction with Purchased Services and Financial Services to ensure effective and efficient implementation and utilization of contracted funds as well as oversight and assurance of quality metrics with a basis in research and best practices.

In the current DHHS structure there is no provision for the transition of children to adult services and it is not uncommon for the Adult Programs to learn of a child only days prior to their 18th or 21st birthday. This lack of communication and lack of a coordinated process for the development of a transition plan results in confusion and frustration for the child, family, providers and the Department as services are quickly pulled together.

In the proposed model a formal process will be developed so children who will require services as adults will have a transition plan in place that reduces confusion and anxiety and results in as smooth a transition as possible. The process will begin by the time the child is 15 years old, a timeframe that not only allows the child and family to prepare but also allows the Department to be proactive in financial planning through budget preparation.

We are fully cognizant of the fact that this proposal brings with it the elimination of some positions within the Department and the impact of that is not taken lightly by any of us. These difficult decisions were not made in haste and each potential elimination brought with it much discussion and thoughtful consideration of the need for the role and function of that position. Vacant positions were used as much as possible and each Director focused on the front line work of their areas in designing the structure that is before you today. Many of the positions eliminated are at the mid-management level as the focus of this restructure is on the development of more front line service specialists.

Last week the Directors met with the employees who will be impacted directly by these changes and I commend each of them for the gracious way they handled that difficult task. We have received emails from many of the staff who were at those meetings thanking us for the thoughtful approach we took with this restructure.

As you will see in reviewing this proposal, the new structure aligns the Offices in one managerial pattern. This will address the inconsistencies across the Offices regarding roles and responsibilities and allow a consistent approach to the work of the Department. A common complaint we hear is that depending on which Program a provider or consumer calls with a question, the answer is different. We believe it is vitally important that access to and understanding of our services is consistent regardless of who answers the phone.

Included in the proposal is the move of certain services currently provided by the Department to the private sector through contracting. The Directors will address this specifically and there are others here this afternoon to bring information forward on those sections as well. These options are not new and many of you who have served on this Committee have heard them before. We believe it is in the best interest of our consumers to move these to the private sector. This will also strengthen our ability to provide quality oversight and contract management.

The focus of this proposal is not on savings although there will be some savings realized. It is a proposal to develop a structure that allows true integration of care, eliminates duplication of work, reduces administrative costs and, most importantly, focuses on the consumer by implementing a continuum of care based in research, data, quality and best practices.

When I accepted this appointment, I promised Commissioner Mayhew that regardless of the issue we faced, I would never take my eye off the people we serve. I believe this proposal builds on the strength of the original merger of the Departments and focuses intently on the needs of our consumers. With such limited resources, we cannot afford to

spend one dollar more on bureaucracy or ask our providers or consumers to repeat information, call another number or experience a delay that can be prevented through the development of a more efficient system.

I thank you for your time and attention to this proposal and will remain available for any questions you may have.

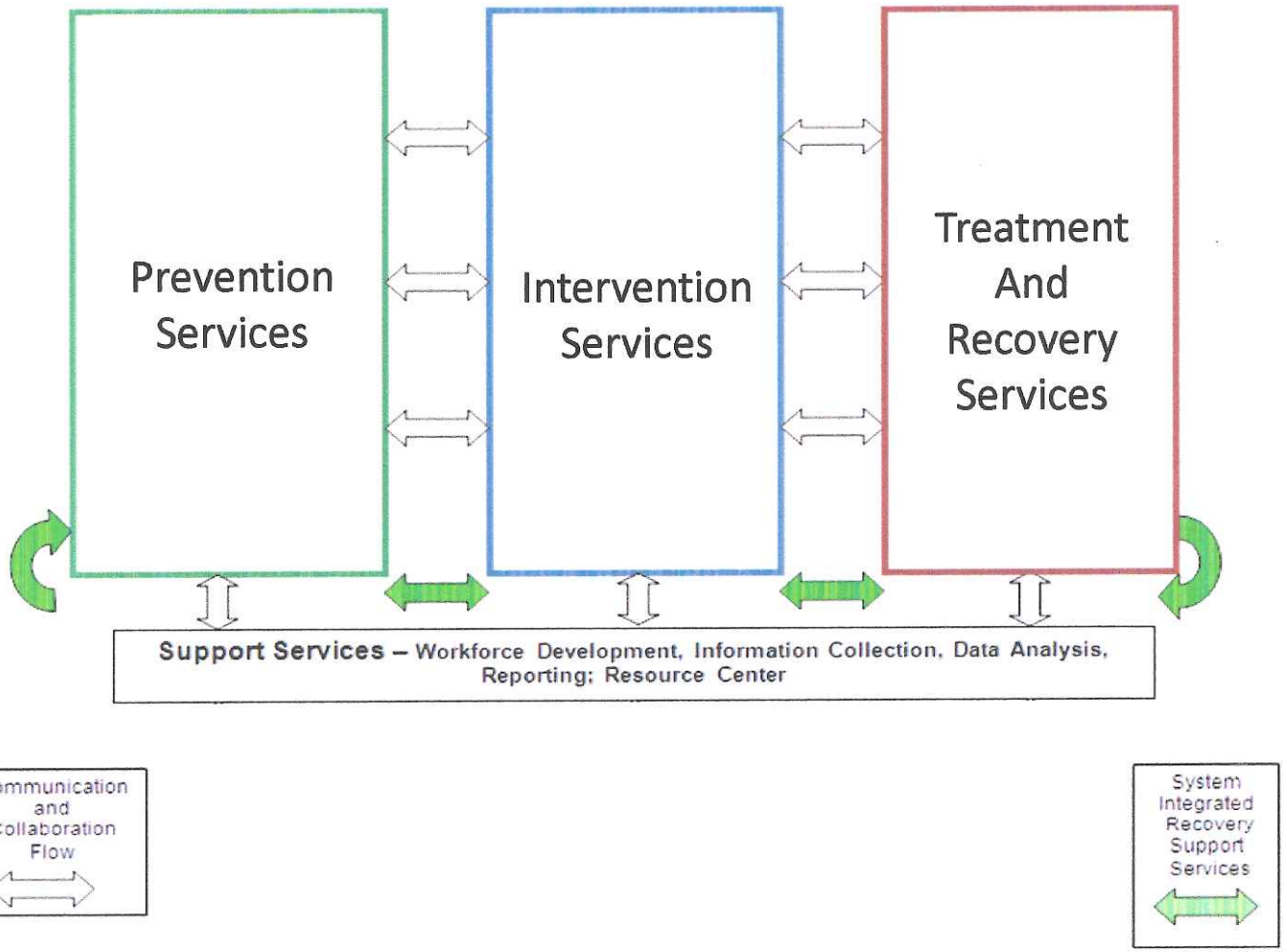
Respectfully,

Bonnie Smith, RN, BSN, MFA
Deputy Commissioner for Programs
Maine Department of Health and Human Resources

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Service Continuum Model



DHHS Restructuring – Key Elements

- Merges the Office of Substance Abuse and the Office of Adult Mental Health Services into the Office of Substance Abuse and Mental Health Services.

- Merges the Office of Elder Services and the Office of Adults with Cognitive and Physical Disabilities Services into the Office of Aging and Disabilities Services.

- Takes a more program-wide approach to the Office of Child and Family Services through internal restructuring.

Number of Positions Eliminated: 91
Number of Positions Added: 55
Estimated Savings: $750,259

Office of Substance Abuse and Mental Health Services

- Eliminate intensive case management services (ICM) and positions (37).

- Reallocate approximately $1.5 million in ICM resources to expand the statewide Projects for Assistance in Transition from Homelessness (PATH) program. The PATH program is designed to rapidly connect members of the target population with community services and supports necessary to address mental health and other self-identified needs.

- Transfer approximately $925,000 in ICM resources to the Department of Corrections to develop a program to connect people with serious and persistent mental illness who are involved in the correctional system to necessary supports.

- Hire three system navigators to provide contract monitoring and oversight, technical assistance and system navigation.

Positions Eliminated: 37
Positions Created/Reclassified/Redesigned: 10
Estimated Savings: $0

Office of Aging and Disability Services

- Establishes one management structure across the merged offices.
- Eliminates the Office of Advocacy. Services will be contracted with the Maine Disability Rights Center.
- Focuses on integration and quality assurance.

Positions Eliminated: 14
Positions Created/Reclassified/Redesigned: 7
Estimated Savings: $140,259

Office of Child and Family Services

- Re-organizes from a structure that supported four distinct services areas to a department-wide approach focused on policy, prevention, intervention and care management.
- Integrated approach to providing services.
- Reduces layers of management while adding more support to district staff.
- Increases quality assurance and accountability.

Positions Eliminated: 40
Positions Created/Reclassified/Redesigned: 38
Estimated Savings: $610,000

Testimony of the
Office of Substance Abuse Services and the Office of Adult Mental Health Services
Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In Support of LD 1887
An Act To Restructure the Department of Health and Human Services
Sponsored by: Senator Earle L. McCormick

Hearing Date: March 21, 2012

Senator McCormick, Representative Strang Burgess and Members of the Joint Standing Committee on Health and Human Services my name is Guy Cousins and I am the Director of the Office of Substance Abuse and Acting Director of the Office of Adult Mental Health Services. I am here today to speak in support of LD 1887, An Act to Restructure the Department of Health and Human Services.

The federal agency of the Substance Abuse and Mental Health Services Administration's (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America's communities.

SAMHSA was established in 1992 and directed by Congress to target effectively substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system. Over the years SAMHSA has demonstrated that - prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health.

In order to achieve this mission, SAMHSA has identified eight strategic initiatives to focus the agency's work on improving lives and capitalizing on emerging opportunities.

- Prevention of Substance Abuse and Mental Illness
- Trauma and Justice
- Military Families
- Recovery Support
- Health Reform
- Health Information Technology
- Data, Outcomes, and Quality
- Public Awareness and Support

People are at the core of SAMHSA's mission, and these Initiatives are guiding its work through 2014 to help people with mental and substance use disorders and their families, build and support strong and

supportive communities, prevent costly and painful behavioral health problems, and promote better health and functioning for all Americans.

This is the crux of the proposal to integrate the Office of Substance Abuse and the Office of Adult Mental Health Services.

This legislation proposes to merge and integrate the operations, programs and services of the *Office of Substance Abuse* and the *Office of Adult Mental Health Services* into the Substance Abuse and Mental Health Services (SAMHS). The proposed plan realigns both Offices combining operations under one organizational structure, creating clear lines of communication, coordination of central and regional office functions, establishing a continuum of integrative services for prevention, intervention, treatment and recovery services for adults across their lifespan dealing with substance abuse and mental health issues.

In the restructuring of the Substance Abuse and Mental Health services, it is our intent is to contract Intensive Case Management services to community based Providers through a competitive RFP process.

We will allocate approximately $1.5 million to expand the statewide Projects for Assistance in Transition from Homelessness (PATH) program. The PATH program is designed to rapidly connect members of the target population with community services and supports necessary to address mental health and other self-identified needs. We would hire three system navigators to provide contract monitoring and oversight, technical assistance, and system navigation.

We will transfer approximately $925,000 in ICM resources to the Department of Corrections to develop a program to connect people with serious and persistent mental illness who are involved in the correctional system to necessary supports.

As part of this proposal we would be eliminating 37 positions and creating/Reclassifying 10 positions. This initiative funds itself through its design.

Thank you for your time and attention. I would be happy to answer any questions you may have and to make myself available for questions at the work session

DRAFT PROPOSAL

Substance Abuse and Mental Health Services (SAMHS)

This proposal merges and integrates the operations, programs and services of the *Office of Substance Abuse* and the *Office of Adult Mental Health Services* into the Substance Abuse and Mental Health Services (SAMHS). The proposed plan realigns the both Offices combining regional operations under one organizational structure, creating clear lines of communication, coordinates central and regional office functions, establishes an continuum of integrative services for prevention, intervention, treatment and recovery services for adults across their lifespan.

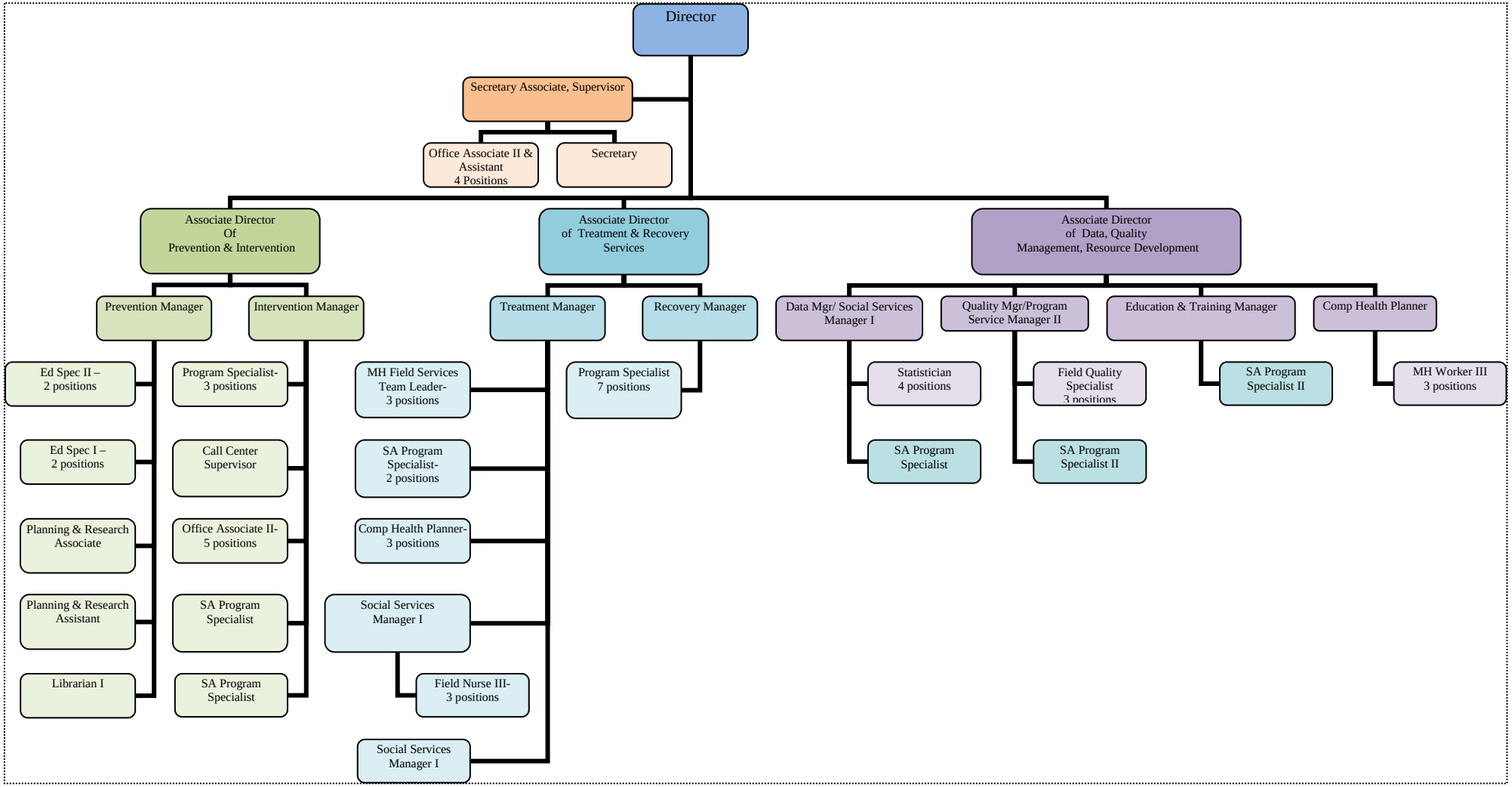
- Integrated Substance Abuse & Mental Health Prevention Services
- Integrated Substance Abuse & Mental Health Intervention Services
- Integrated Substance Abuse & Mental Health Treatment Services
- Integrated Substance Abuse & Mental Health Recovery Services
- Integrated Resource Development, Data, and Quality Management processes.

Positions to be Eliminated and the Service Contracted to the private sector (37):
Adult Mental Health, Community Integration Services, Intensive Case Management
(2) Mental Health Casework Supervisors
(1) Social Services Program Manager
(33) Intensive Case Managers
(1) Mental Health Case Worker III

Positions eliminated/created/reclassified/redesigned:
(1) Eliminate the position of Director of Forensic Services and create the position of Associate Director of Prevention and Intervention Services (Range 32 Confidential)
(1) Reclassify the Director of Quality assurance to the Associate Director of Treatment & Recovery Services (Range 32 Confidential).
(1) Reclassify the Associate Director of OSA to the Associate Director of Data, Quality Management, and Resource Development (Range 32 Confidential).
(1) Reclassify the position of Prevention Manager (Range 28)
(1) Create the position of the Intervention Manager (Range 28)
(1) Reclassify the position of Treatment Manager (Range 28)
(1) Reclassify the Social Services Program Manager to Recovery Manager (Range 28)
(3) Reclassify Mental Health Casework Supervisor positions (Range 25) to Social Services Program Specialist II (Range 25)
(1) Reclassify Office Specialist I Position to Statistician (Range 18)

Five vacant positions will be used to fund the creation/ re-classification/redesign for the reorganization. The ICM program will go through an RFP process and contracted out to the private sector for statewide case management services.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES



12.19.2011

Testimony of the
Office of Elder Services and the Office of Adults with Cognitive and Physical Disability Services
Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In Support of LD 1887
An Act To Restructure the Department of Health and Human Services
Sponsored by: Senator Earle L. McCormick

Hearing Date: March 21, 2012

Senator McCormick, Representative Strang Burgess, Members of the Joint Standing Committee on Health and Human Services my name is Ricker Hamilton and I am the Director of the Office of Elder Services and Acting Director of the Office of Adults with Cognitive & Physical Disability Services. Today I am here to speak in support of LD 1887, An Act to Restructure the Department of Health and Human Services.

Part of this proposed restructure merges and integrates the operations, programs and services of the Office of Elder Services and the Office of Adults with Cognitive and Physical Disabilities into the **Office of Aging and Disability Services (OADS)**. The proposed plan realigns the entire Office combining regional operations under one organizational structure, creates clear lines of communication, coordinates central and regional office functions, establishes a unified Adult Protective Services Program, Public Guardianship and Conservatorship Program.

In May 2004, the Department of Human Services and the Department of Behavioral and Developmental Services merged into the Department of Health and Human Services. At present, the Offices operate more within their specific service areas and programs. The people we serve have many needs that often are not addressed in a coordinated manner. By providing services in an integrated manner, we can work with individuals as a whole and coordinate services in an efficient and effective way creating better access to services. This avoids duplication of work and improves individual outcomes. We look to construct our services continuum to addresses individuals and families' needs over their lifespan. Fundamentally, this shift represents a functional realignment.

The proposal does the following:

- reduces the number of mid-management positions
- creates more oversight specialists.
- moves certain services currently being provided by the Department into the private business sector for contracting.

This continuum of services will be supported by Data, Research, Quality Management, Education & Training, and Resource Development Teams. The Service teams would

work in conjunction with Purchase Services and the Finance Services to ensure effective and efficient implementation and utilization of contracted funds.

The costs for this restructure would be self-funded by utilizing vacant positions that exist within the current offices. There is significant capacity within the Department of Health and Human Services to make this shift occur with minimal disruption and the potential for highly effective collaborative work.

Highlighted Service Areas for the Office of Aging and Disability Services:

- Integrates Adult Protective Services
- Eliminates 6 Regional Management Positions

Office of Elder Services
(3) Program Administrators for Protective Services
Office of Adults with Cognitive and Physical Disability Services
(3) Social Service Program Manager I (Team Leader)

- Creates (4) Program Administrator

The four Program Administrator positions are created by reclassifying three OES Program Administrators for Protective Services (two of which are currently vacant) and three OACPDS Team Leader positions (one is currently vacant).

- Eliminates 8 positions in the Office of Advocacy which becomes a contracted service with the Disability Rights Center

(7)Advocates
(1) Chief Advocate

- Maintains and Supports the State Unit on Aging
- Supports Community Case Management
- Unifies Public Guardianship and Conservatorship Program
- Increases Quality Assurance and Quality Improvement

(10) Vacant positions will be utilizes to create new Quality Assurance/Quality Improvement positions.

- Integrates Long Term Care Services for all persons served

Creates (2) Associate Directors

- Coordinates Crisis Services and Response
- Improves services for persons with intellectual, developmental and physical disabilities
- Integrates and Priorities Children in Transition
- Integrated Brain Injured Services
- Implements the Support Intensity Scale
- Integrates After Hours Response and Authorizations for Public Wards
- Coordinates Community Waivers
- Centralized Contract and Resource Services

Creates (1) Community Resource Manager

- Integrated Case Management System

Our goal is to increase communication; foster cooperation and integration of all our services; and create an efficient and effective program. I would be happy to answer any questions you may have. Thank you.

Office of Aging and Disability Services (OADS)

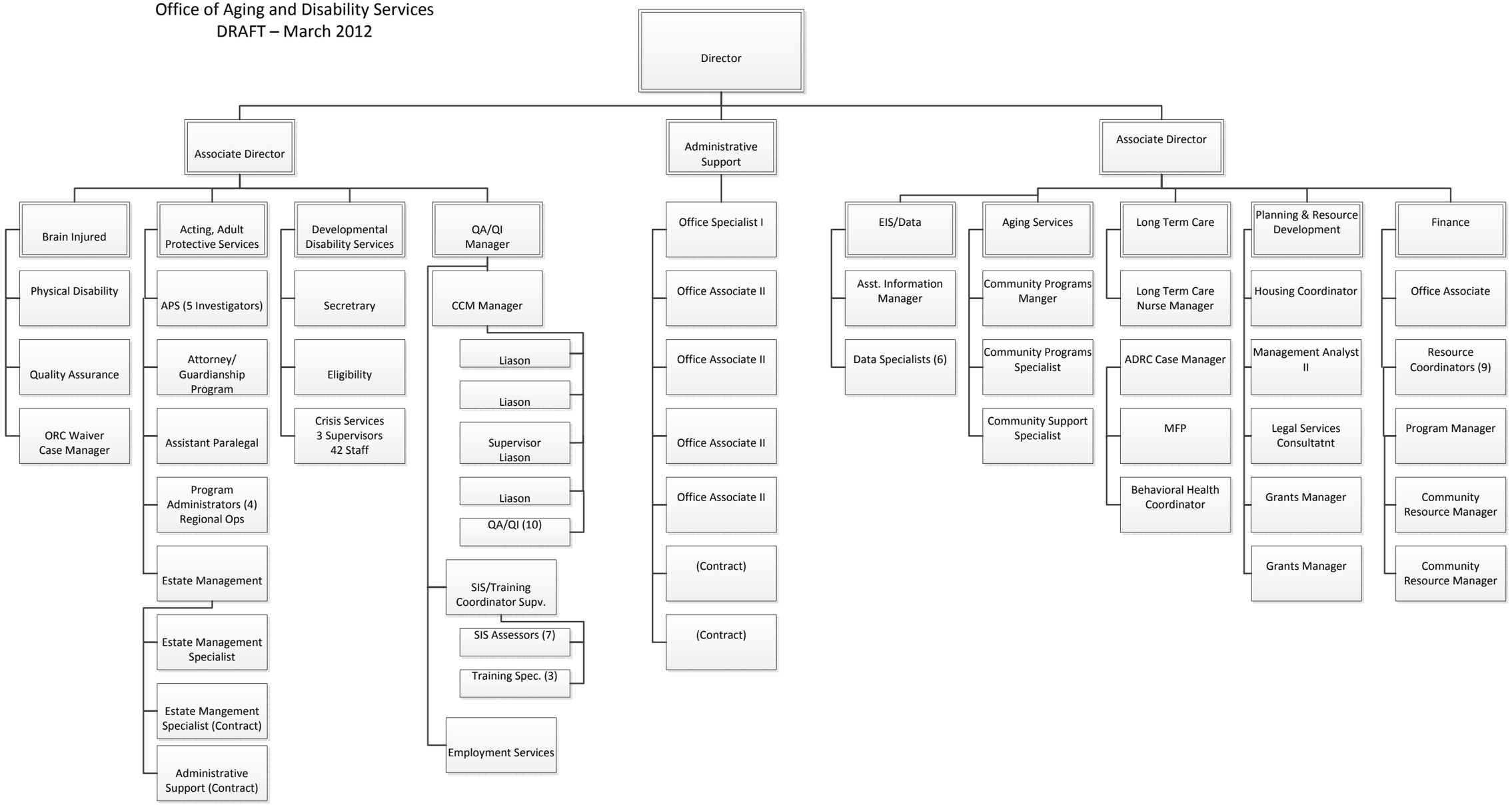
This proposal merges and integrates the operations, programs and services of the *Office of Elder Services* and the *Office of Adults with Cognitive and Physical Disabilities* into the Office of Aging and Disability Services (OADS). The proposed plan realigns the Office combining regional operations under one organizational structure, creates clear lines of communication, coordinates central and regional office functions, establishes a unified program and service model. *The goal is to self-fund this redesign with vacant positions.*

- Reduces and Realigns Regional Management Positions
- Office of Advocacy becomes a contracted service
- Maintains & Supports DHHS State Unit on Aging
- Supports Community Case Management
- Integrates Adult Protective Services Program
- Unifies Public Guardianship and Conservatorship Program
- Enhances Quality Assurance and Quality Improvement
- Integrates Long Term Care Services
- Coordinates Crisis Services
- Improves services to persons with ID, DD and physical disabilities
- Community based Crisis and Transition Program
- Integrates Brain Injured Services
- Implements & Monitors the Support Intensity Scale
- Integrated After Hours Response and Authorizations for Public Wards
- Combines and Coordinates Community Waivers
- Centralizes Contract Services
- Integrates DHHS Case Management System

Positions to be Eliminated:
Office of Advocacy (becomes a contracted service)
(7)Advocates
(1) Chief Advocate
Office of Elder Services
(3) Program Administrators for Protective Services
Office of Adults with Cognitive and Physical Disability Services
(3) Social Service Program Manager I (Team Leader)

Positions Created:
(2) Associate Director (Confidential)
(1) Community Resource Manager
(4) Program Administrator (Confidential)
The four Program Administrator positions are created by reclassifying three OES Program Administrators for Protective Services (two of which are currently vacant) and three OACPDS Team Leader positions (one is currently vacant).
(10) Vacant MH & MR Caseworker positions will be converted to Quality Assurance/Quality Improvement positions.

Office of Aging and Disability Services
DRAFT – March 2012



Testimony of the
Office of Child and Family Services
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An Act To Restructure the Department of Health and Human Services
Sponsored by: Senator Earle L. McCormick

Hearing Date: March 21, 2012

Senator McCormick, Representative Strang Burgess, Members of the Joint Standing Committee on Health and Human Services, my name is Therese Cahill-Low, and I am the Director of the Office of Child and Family Services (OCFS). I am here today to speak in support of LD 1887, An Act to Restructure the Department of Health and Human Services.

In 2005, the Office of Child and Family Services replaced the Bureau of Child and Family Services and merged with the children services provided by the Department of Behavioral and Developmental Services. Four divisions were created: Early Childhood Division, Child Welfare Division, Children's Behavioral Health, and Public Service Management Division. While this merger moved the physical location of the Central Office staff into one building, OCFS has continued to function as four distinct entities; the intended integration of children's services did not transpire. There was no examination at that time as to what roles in each division may overlap, be duplicative, or be unnecessary. What has resulted is four siloed entities, occupying the same space and serving many of the same children; this is not efficient, cost-efficient, or the most effective approach.

This plan truly integrates and restructures the operations, programs, and services of the current four divisions of OCFS. The proposed plan will realign the current system to better provide services for Maine children and families across a continuum of care. This continuum includes:

- Policy and Prevention
- Community Partnerships
- Intervention and Coordination of Care
- Accountability and Information Services

This most effective and efficient way of providing these services requires reliance upon all aspects of the continuum to work in harmony.

The change in the OCFS structure also includes more focus on supporting the direct service staff who is doing one of the toughest jobs in state government. The focus on quality, training, and more support for supervisory roles are apparent in looking throughout the proposed organizational chart.

There is likely to be a sense of uncertainly as the identification of having a child welfare division, an early childhood division, and a children's behavioral health division has been made a seemingly important and clear distinction as to what "box" families, children and providers fit. The answer is our children don't fit in boxes, and neither should our services.

It is important to note there will be no loss in the services currently provided by OCFS to any child or family in Maine as result of this reorganization. What will change is our approach, our mindset of what is available, and our looking at children and families as a whole, and not just at their situation or diagnosis.

While intervention and current services are important and will remain consistent, we will be looking to spend more of our limited resources on the often neglected parts of the continuum for children. Prevention will be done within the focus of new policies, as well as the adjustment of our current practice. Transitioning youth to the adult world is currently not done in the most effective manner. Working with our partners in the adult side of the Department and other agencies will be more organized and facilitated.

We often refer to a family's natural supports and resources as important to the success of a child surviving in a community setting. OCFS also needs to rely more on our natural supports and resources. Working more closely with our community partners will happen. These partners include, but are not limited to schools, medical partners, providers of the various children services, career centers, banks, etc.

The Management team would consist of a Director, Associate Director of Policy and Prevention, Associate Director of Community Partnerships, Associate Director of Intervention and Coordination of Care, and an Associate Director of Accountability and Information Services. Each team would have a Manager assigned to it to oversee the integrated work of its members.

In summary, the emphasis of the reorganization of the Office of Child and Family Services is to:

- Restructure and consolidate four divisions to focus on prevention and policy, community partnerships, intervention and care management, and accountability;
- Provide continuity of service provision and care management;
- Strengthen district effectiveness at meeting client needs;
- Standardize service eligibility and enrollment;
- Centralize contracting and purchasing services;
- Recruitment and retention of high-quality, front-line staff;
- Streamline administrative staff roles;
- Reduce layers of management; and
- Increase quality assurance and accountability

The goal is to not only self-fund this proposal, but to also realize some overall savings. There are 40 positions eliminated (six of which are vacant), and 36 positions will be created, equaling a savings of over $600,000.

Since this legislation has been published, I have received several questions on what looks to be an $18 million decrease in Federal funds. I understand that based on the written legislation, it would be easy to arrive at this conclusion, but that conclusion is inaccurate. The attached Excel spreadsheet provides an explanation for this concern and Sarah Gove of the DAFS Service Center will be available at the work session to answer any questions.

Office of Child and Family Services

APPROP NAME: Foster Care

013 013701	2008	2009	2010	2011
Allotment	38,950,196.07	38,571,107.70	38,224,084.61	38,227,735.85
Expenses	20,343,942.37	19,663,306.13	21,120,848.12	21,208,122.88
Balance	18,606,253.7	18,907,801.6	17,103,236.5	17,019,613.0

013 030701	2008	2009	2010	2011
Allotment	5,020,413.67	5,112,762.47	5,721,878.71	5,413,855.17
Expenses	3,383,840.85	2,977,404.32	2,973,484.84	3,680,737.87
Balance	1,636,572.8	2,135,358.2	2,748,393.9	1,733,117.3

*NOTE: All 013- Accounts Are Federal Funds

RESTRUCTURING PROPOSAL

Office of Child and Family Services (OCFS)

(*Estimated overall savings $610,157.27)*

Although in 2005, the Office of Child and Family Services replaced the Bureau of Child and Family Services and merged with part of BDS, this plan truly integrates and restructures the operations, programs, and services of OCFS four current divisions; Early Childhood Division, Child Welfare Division, Children's Behavioral Health, and Public Service Management Division. The proposed plan will realign the current system to better provide services for Maine children and families across a continuum of care. The goal is to not only self-fund this proposal, but to also realize some overall savings.

- Restructuring and consolidating four divisions to focus on prevention and policy, intervention and care management, community partnerships, and accountability;
- Continuity of service provision and care management;
- Strengthen district effectiveness at meeting client needs;
- Standardize service eligibility and enrollment;
- Centralize contracting and purchasing services;
- Recruitment and retention of high-quality, front-line staff;
- Streamlines administrative staff roles;
- Reduces layers of management; and
- Increase quality assurance and accountability

Positions Eliminated (40)

(7) OCFS Division Directors
(4) Regional Supervisors
(6) Social Services Program Specialist II
(2) Public Service Coordinator I
(3) Social Service Program Specialist I
(1) Program Administrator
(9) Financial Resources Specialist
(1) Planning & Research Assistant
(1) MH & MR Caseworker
(5) Social Services Manager I
(1) Public Service Manager II

Some or part of these positions will fund the upgrades for the new positions created and address new priorities.

Positions Redlined (2)

(1) Social Services Program Manager (Range 28) to a Social Services Manager I (Range 27)
(1) Social Services Program Specialist II (Range 25) to a Social Service Program Specialist 1 (Range 22)

Positions Created (36)

(4) Associate Director
(11) Social Services Manager I
(8) Financial Resources Specialist
(8) Social Services Program Specialist II
(1) Social Services Program Specialist I
(1) Management Analyst I
(2) Management Analyst II
(1) Social Services Supervisor

These positions are created by a combination of eliminating other OCFS positions, as well as restructuring current positions.

Child and Family Services
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

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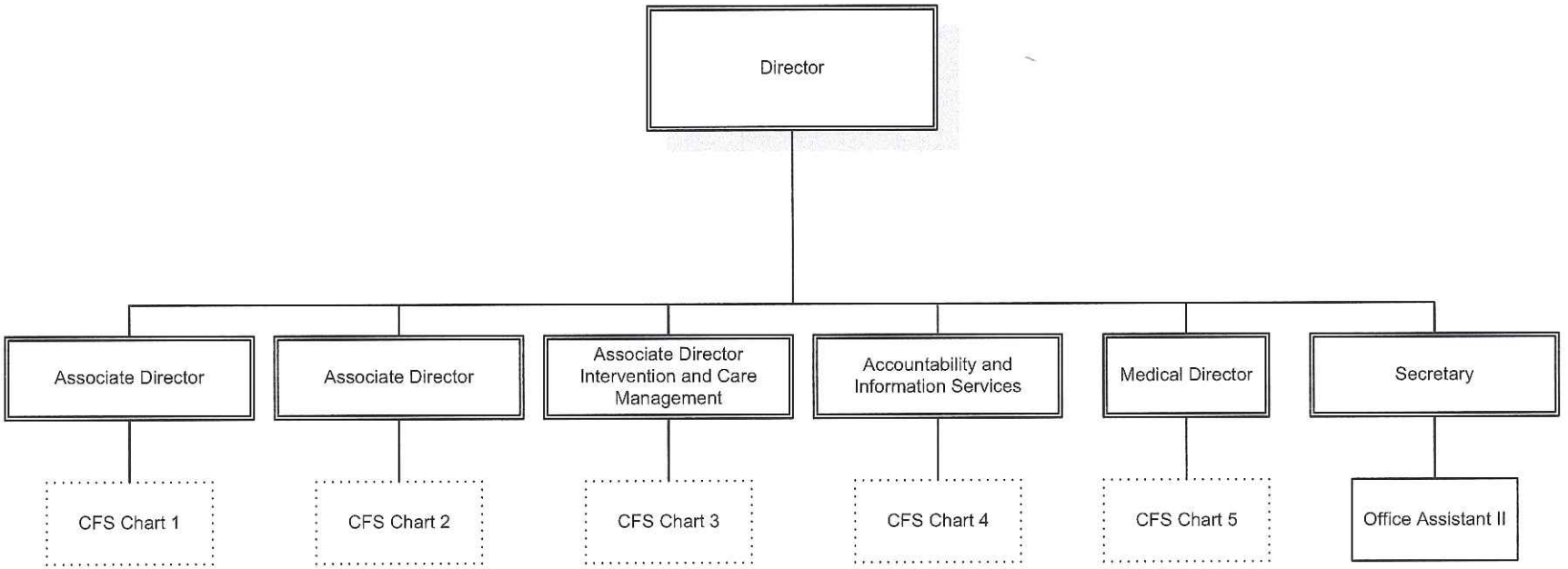
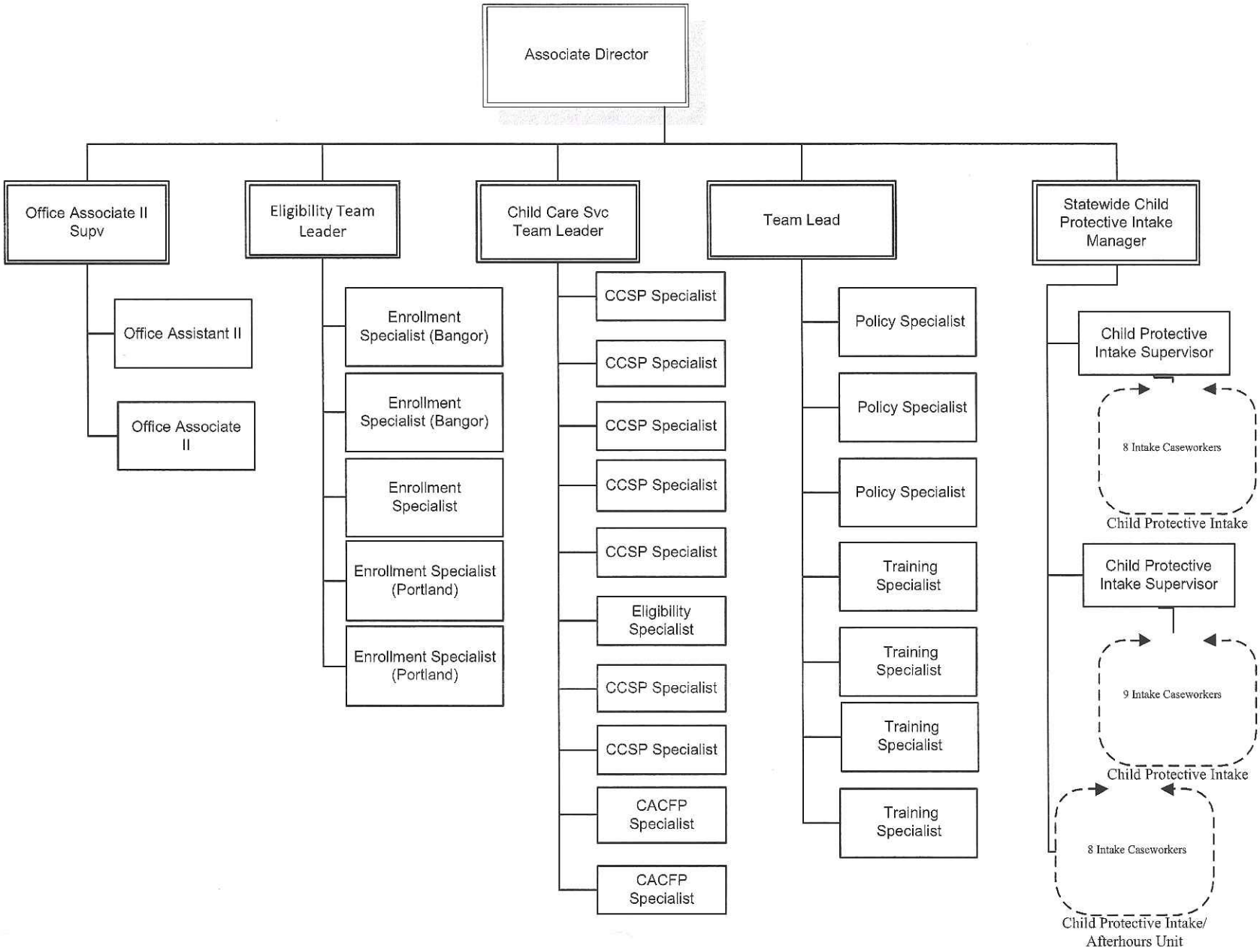
Office of Child and Family Services
Re organizational Plan



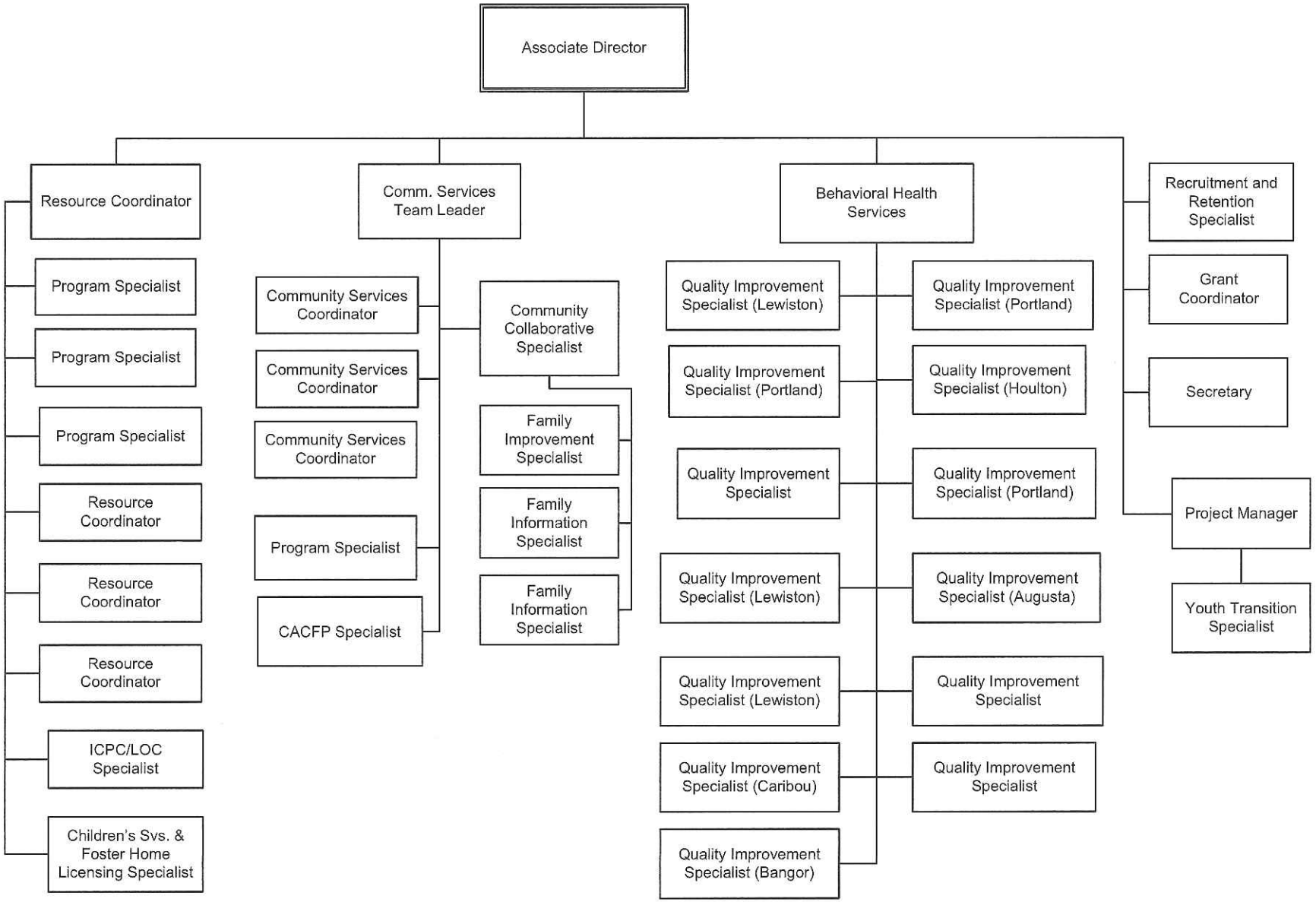
CFS Chart 1

Office of Child and Family Services
Policy and Prevention



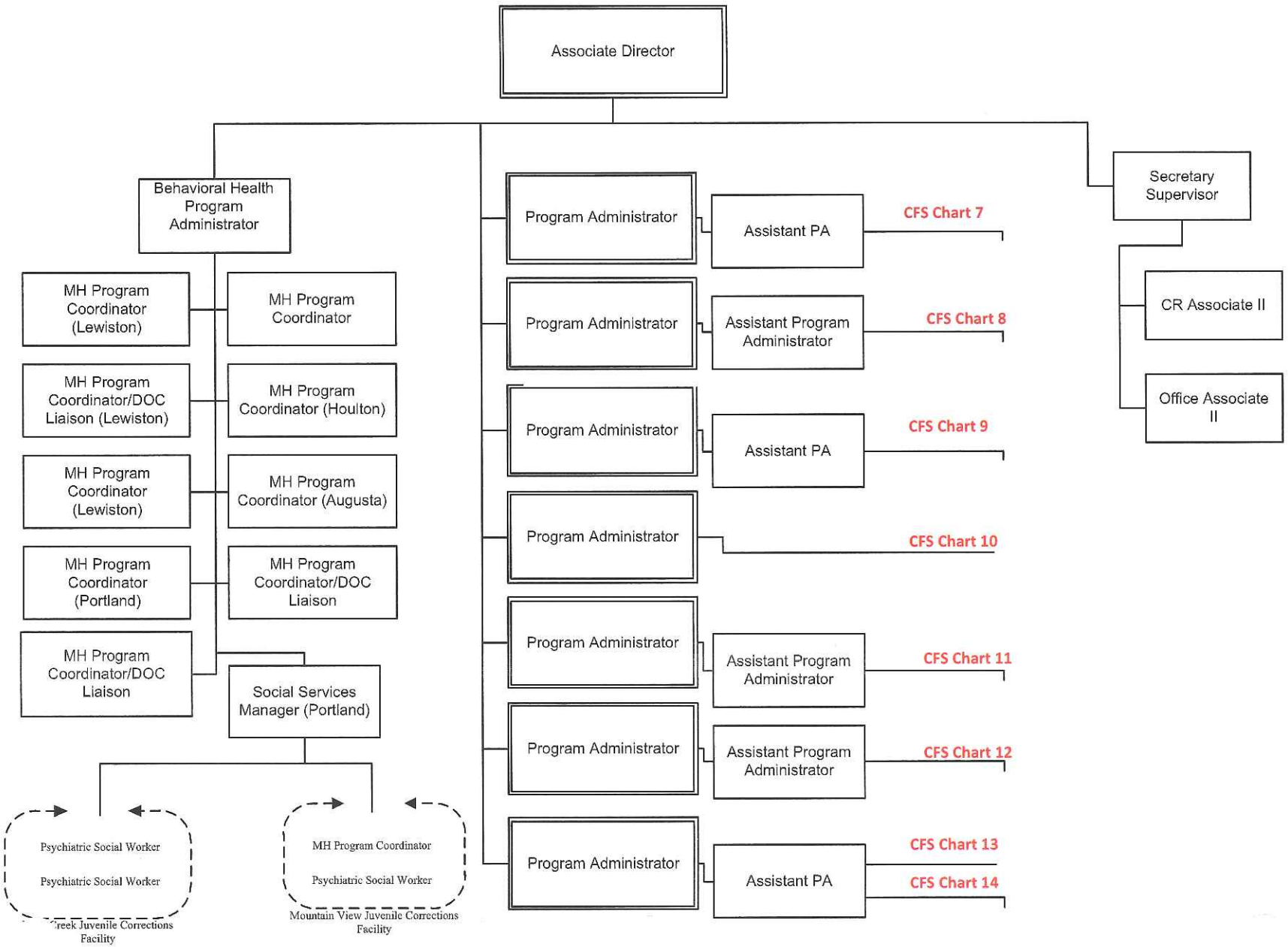
CFS Chart 2

Office of Child and Family Services
Community Partnerships



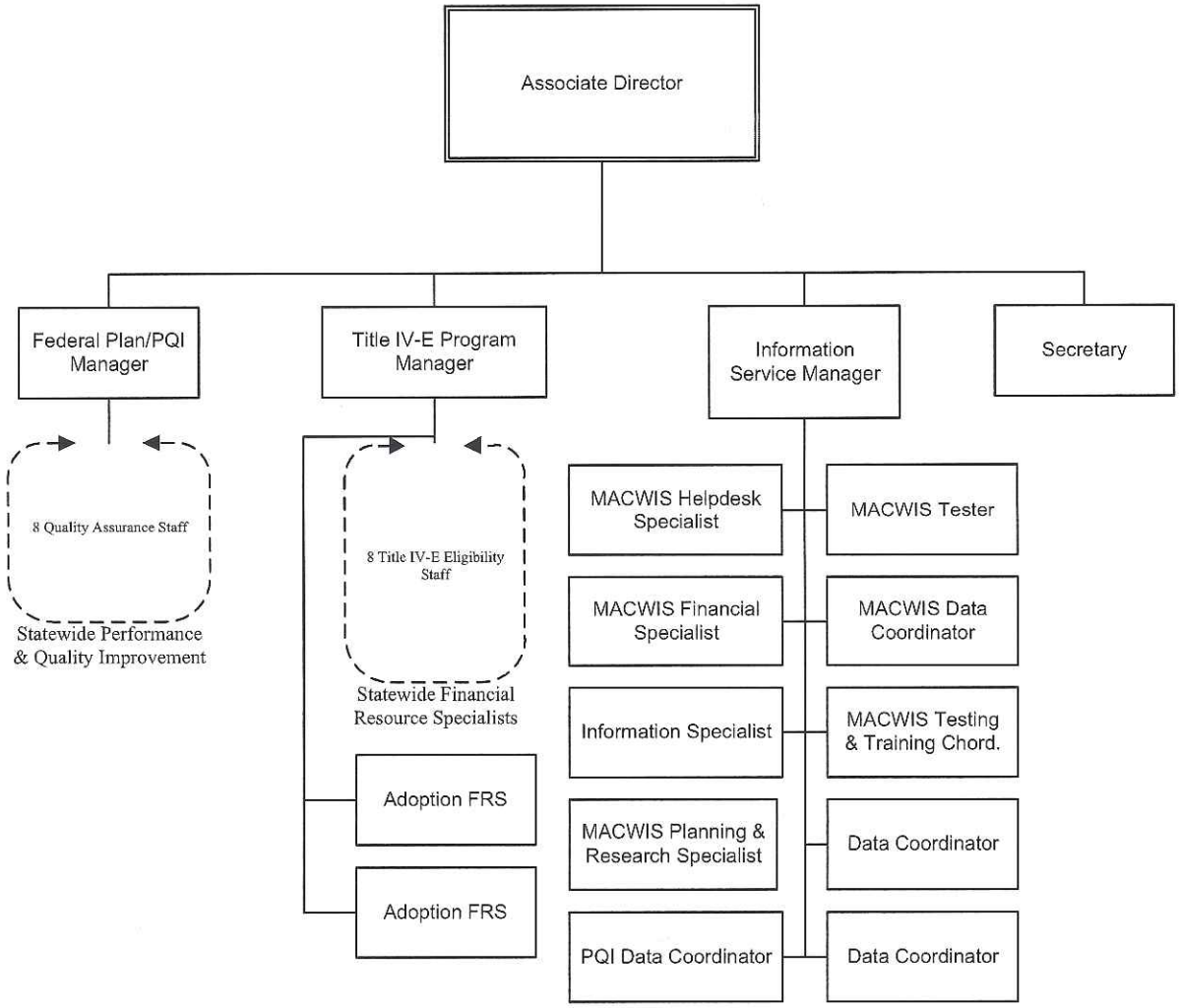
Office of Child and Family Services
Intervention and Coordination of Care

CFS Chart 3



CFS Chart 4

Office of Child and Family Services
Accountability and Information Services



Office of Child and Family Services
Medical Director

CFS Chart 5

Testimony of the
Division of Child Support Enforcement & Recovery
Office for Family Independence
Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In Support of LD 1887
An Act To Restructure the Department of Health and Human Services
Sponsored by: Senator Earle L. McCormick

Hearing Date: March 21, 2012

Senator McCormick, Representative Strang Burgess, Members of the Joint Standing Committee on Health and Human Services, my name is Jerry Joy, and I am the Director of the Division of Support Enforcement & Recovery. I am here today to speak in support of LD 1887, An Act to Restructure the Department of Health and Human Services.

Specifically, I am here to testify in favor of the request for eight (8) Support Enforcement Agents. This request is based on the number of agents that can be accommodated at this time without requesting additional supervisory positions or the expansion of physical sites and equipment to accommodate these lines. Support Enforcement Agents are authorized to establish paternity, establish orders, enforce orders, represent the Commissioner of DHHS as non-attorneys before the Maine District Court, and to maintain a complex accounting practice for child support collections and disbursements.

Support Enforcement Agent positions literally pay for themselves. In fact, based on Federal Fiscal Year figures, each agent line in the state is worth about $100,000 per year in *state share* dollars. Given that, in the first two years, these positions will be worth approximately $419,782 in revenue. This is based on the assumption that it will take a year for an enforcement agent to be fully trained and operating independently with a full caseload. After the first two years, these new agent lines will be worth $800,000 per year in state share revenues.

The child support program is a revenue generator. Since 1974, when the program was created, DSER has collected over 2 billion dollars and roughly 70% of that amount has been disbursed immediately to families. During this last Federal Fiscal Year ending September 30, 2011, the Division of Support Enforcement collected $101 million dollars. Of that amount, a little over $20,159,200.00 was retained by the state to reimburse public assistance expenditures.

- Of that amount, approximately $10 million was used for maintenance of effort for the TANF Block Grant, thereby reducing state cost for its welfare programs.
- The remaining $10.2 million was used to reduce the cost of running the child support and assistance programs.

In addition to the benefit in state share revenue generated by the new lines, there will be an obvious benefit to families. Close to 80% of all collections go immediately to families within two days as non-welfare, former assistance and assistance related disbursements. Last year, that was just under $80 million dollars to families in need of support to remain or become self-sufficient.

Thank you.